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ABSTRACT

These three symposium papers summarize the outcomes of studies that explored the accessibility and the utilization of youth mental health services. The first study, "The Role of Diagnostic Systems" (Theodore Fallon and Mary Schwab-Stone), involving 219 children (ages 6-12), examined the perils involved in the use of categorical diagnosis to identify who is in need of care. It found that depending on who was queried and how the information from the informants was combined, anywhere from 3 to 62 percent of the children could be diagnosed as having attention deficit hyperactivity disorder. The second study, "The Role of Economics and Jails: Access and Outcome for Under-Served Youth" (Andres J. Pumariega), compared mental health treatment of school-based youth, incarcerated youth, and a community mental health treatment group, to illustrate that entire populations can be overlooked when considering who needs care. Results found that youth from low socio-economic populations are under served in mental health programs. The third study, "A Longitudinal Study of Adolescent Mental Health Service Use" (Cuffe, Jackson, Waller, Chilappagari, Garrison, Addy, and McKeown), reports on mental health service use data from a longitudinal, school-based epidemiologic study of adolescent depression. Results found that most of the adolescents with psychiatric disorders failed to receive treatment, and that there are significant differences in both service use and perceived barriers to services by race and gender. (CR)

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Symposium:

Treatment Beyond Ten Visits Must Be Determined To Be Necessary

Authors

Introduction Diagnostic Systems Economics and Jails
Adolescent Mental Health Service Use Conclusions

Shortcuts

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Introduction

Managed mental health services, including child mental health services, are rapidly becoming the norm in the United States. This is particularly the case for public child mental health services previously funded through Medicaid, Title XIX. There are expectations of greater cost and operational efficiency as well as possibly greater effectiveness in the delivery of child mental health services through this model. On the other side, there are serious concerns and apprehension that this model will be misapplied, leading to reductions in child mental health services just as they were beginning to go beyond meager levels.

In this conversion to the managed care model and planning for new service systems, little attention has so far been paid to results from child mental health epidemiological and services research. This developing body of literature points to (a) high levels of mental health service need in child and adolescent populations; (b) how such need is not addressed as a result of a number of limitations in the existing service system; and (c) how children and youth in need of mental health services are shifted into other service sectors (e.g., juvenile justice, social services, education, etc.), defeating any efforts at cost containment. Whether the designers of managed care systems for children and their families attend to these cautionary tales will determine their actual success or failure in reaching their proposed outcomes.

In this summary, findings from three studies are briefly described to illustrate the perils around which managed care must navigate in order to construct effective systems of care for children and youth.

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The Role of Diagnostic Systems

Theodore Fallon, M.D., M.P.H. & Mary Schwab-Stone, M.D.

This study examined the perils involved in the use of categorical diagnoses to identify who is in need of care.

Methods

The study sample included 219 school children ages 6 to 12 years chosen from a general population in urban and rural Eastern Connecticut. The sampling techniques were designed to mimic a random sample of the population over sampled for psychopathology. This epidemiological survey is remarkable for the acquisition of three informants for each child (i.e., the parent, a teacher, and the child). Each informant was interviewed with the Diagnostic Interview Schedule for Children; as well, other instruments assessing the school, neighborhood, and family environment were applied. The interviewer also assigned a Children's Global Assessment Scale (CGAS) score to each child interviewed, depending on their level of function. The diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) was used to explore the effect that informant disagreement has on determining categorical diagnoses. The DSM-III-R criteria of the presence of at least 8 of 14 symptoms was used as the definition of ADHD. The information from the three informants was then combined in 12 different ways using one, two, or all three of the informants.

Results

Similar to the clinical situation, disagreement among informants was common in this data set. Depending on which informants were queried and how the information from the informants was combined, anywhere from 3% to 62% of this general child population sample could be diagnosed as having ADHD. This large variation in prevalence occurred despite using the same DSM-III-R criteria for ADHD. Also, depending on which algorithm was used, the average CGAS score varied between 55 (significantly disturbed) and 72 (only mildly disturbed).

Discussion

The results of this data analysis demonstrated that criterion-based diagnoses are limited in their ability to determine which children are in need of treatment. In fact, given the DSM-III-R diagnostic criteria for Attention Deficit Hyperactivity Disorder, a managed care organization could choose to provide services to 62% of a general population or to deny care to all but 3% of the group, depending on how they interpreted the information. Considering the process at the clinician level, it is important for practitioners to recognize the diagnostic ambiguities that remain even after assigning a diagnosis.

The Role of Economics and Jails: Access and Outcome for Under-Served Youth

Andres J. Pumariega, M.D.

This study illustrates that entire populations can be overlooked when considering who needs care.

Methods

This study examined two population samples. The first sample included a school-based sample of 2585 youth in a tri-ethnic population in two regions of Texas. A Youth Self Report was used to survey this group. The second sample included an incarcerated youth population and a community mental health treated group of youths, both from South Carolina. This second sample was surveyed using the Diagnostic Interview Schedule for Children version 2.3 and the Child Behavior Checklist (CBCL). Youth who met diagnostic criteria on one diagnosis on the Diagnostic Interview Schedule for Children 2.3 and had a total t score of greater than 70 on the Youth Self Report were identified as having significant psychopathology. Both populations were also given questionnaires eliciting demographic variables and mental health service utilization.

Results

In the first sample of school youth from Texas, service utilization amongst this tri-ethnic sample never rose above 30 percent, even in children with total t scores over 80 on the Youth Self Report. Although ethnicity and access to services appeared to be the major factors influencing service use, multiple regression analyses indicate that socioeconomic factors were the strongest determining variables.

In the second sample, the two groups (i.e., incarcerated youth versus community mental health treated youth) had almost identical prevalence of significant psychopathology (53% for incarcerated youth versus 56% for community treated youth); however, incarcerated youth had significantly lower prior utilization of mental health services and higher utilization of long term residential services.

Discussion

The result suggest that youth from low socioeconomic populations are under-served, and that in fact the poorer they are, the less they are provided for, even for those youth who had the most severe disturbances. The youth from this group with the most severe disturbances are especially vulnerable, and most likely to end up in the juvenile justice system. Results from the second study suggest that despite need (significant psychopathology), these children receive even fewer mental health services and that there is cost shifting from mental health services to juvenile justice

shifting from mental health services to juvenile justice services.

A Longitudinal Study of Adolescent Mental Health Service Use

Steven P. Cuffe, M.D., K. Jackson, A.B., J. Waller, Ph.D., S. Chilappagari, M.D., C. Z. Garrison, Ph.D., C. Addy, Ph.D., R. McKeown, Ph.D.

There is a paucity of research on the patterns of mental health service use in community samples of adolescents. Existing evidence suggests that most children and adolescents with psychiatric disorders receive no treatment and that older adolescents are much less likely to receive treatment than younger children. We report on mental health service use data from a longitudinal, school-based, epidemiologic study of adolescent depression.

Methods

From 1986-1988, a total of 3283 7th, 8th, and 9th graders were screened with the Center for Epidemiologic Studies Depression Scale (CES-D). The top decile of CES-D scorers and a random sample of the remainder were interviewed using the Schedule for Affective Disorders and Schizophrenia for School-aged Children (K-SADS). Two waves of interviews were performed. The first wave (N = 478) was conducted immediately following the screening while the subjects were ages 12-15 , and the second wave (N = 490) was administered from 1992-1995 while the subjects were aged 17-20. Finally, a thorough assessment of service use and perceived barriers to care was performed via a telephone survey (N = 344) and questionnaire (N = 330) during late 1994 and 1995 when the subjects were aged 19-22.

Results

A dramatic decrease in the frequency of professional contact for emotional problems was found over the course of adolescence from 22% of the sample in early adolescence to 9.1% during late adolescence to 3.2% in late adolescence/early adulthood. Caucasians and males were more likely to receive treatment in wave one, with African-American females having significantly lower service use in the multi-variable model. The differences in service use between races narrowed over the course of adolescence. Gender differences in the use of mental health services also changed significantly over time. In wave two, service use was almost equal among males and females, while in the most recent survey, females were significantly more likely to receive treatment than males ($p = 0.02$). In the barrier questionnaire, 80% of the respondents reported that financial issues were a barrier to obtaining treatment. Over half the sample stated a preference for using family, friends, ministers, or family doctors for help with their

emotional problems. Finally, approximately one third of the sample endorsed privacy or stigma issues and lack of knowledge of where to obtain help. In a regression analysis, it was demonstrated that African-American females report significantly more money barriers, females report significantly fewer work barriers, and Caucasians significantly more knowledge barriers.

Discussion

These data suggest that most adolescents with psychiatric disorders fail to receive treatment. There are significant differences in both service use and perceived barriers to services by race and gender. There is a clear need for increased accessibility and cultural sensitivity in the provision of mental health services. There are many lessons and dilemmas posed for managed care companies by these data. Under-use of services by adolescents experiencing emotional or behavioral problems may reduce the immediate costs to health care companies. However, the long-term functioning of these individuals may be poor, resulting in far greater costs to the companies over time, assuming a no eject, no reject policy requiring companies to take responsibility for the health care of their customers. Outcome data is needed to evaluate the efficacy of treatment, and to assess productivity, as well as overall service use costs. Research in the area of early intervention and case detection is sorely needed. Managed care companies should also investigate the significant decrease in service use in late adolescence and take steps to reduce the barriers to care for this group. Finally, consumers and advocacy groups should demand improved accessibility and culturally sensitive care.

Conclusions

The developing systems of managed mental health care hold important potential for systems of care for children and adolescents. With coordination of efforts and intelligent allocation of services, children's service systems hold great promise. However, these three studies demonstrate that there are many perils facing the development of managed mental health care. If we close our eyes to these perils, efforts to provide efficient and effective care for children have a significant potential to go awry.

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